Application for Employment

# LEEDS WEEKEND CARE ASSOCIATION / SNAPS

## You should complete this form in DARK INK or TYPE

Please return this form to

**Manager, Weekenders Club, Suite 4, Gledhow Mount Mansion, 32 Roxholme Grove, Leeds, LS74JJ or by email to** [**lisa.sheader@lwca.co.uk**](mailto:lisa.sheader@lwca.co.uk)

**Application for the post of Community Fundraising Manager**

How did you learn of this vacancy?

**(If advertisement seen, give name of publication)**

**Personal Details** (Please print clearly)

|  |  |  |
| --- | --- | --- |
| Surname |  | Address |
| Forenames |  |  |
| Tel: (home) |  |  |
| Tel: (mobile) |  |  |
| Email: |  |  |
| May we contact you at work? Yes / No |  | Postcode |

**Education**

|  |  |  |
| --- | --- | --- |
| Schools Attended |  | Examinations passed, with grades |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Further Education, Training and Professional Qualifications

**(Please give details of courses attended, qualifications gained and any Professional Bodies of which you are a member)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Driving.**

Do you hold a current Driving Licence? YES / NO If “YES” is it FULL / PROVISIONAL

Has your driving licence been endorsed? YES / NO. If “YES” please give brief details:

### Present or last Employer

|  |  |  |
| --- | --- | --- |
| Employer’s name & address |  |  |
|  |  | Job Title |
|  |  | Date Commenced |
|  |  | Salary |
|  |  | Notice Required |

**Duties and achievements** continue on a separate sheet if you wish

**Previous employment and other relevant experience** (Please enter most recent employment first and include any voluntary or unpaid work. Also account for any breaks in employment. Continue on a separate sheet if you wish).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s name & address | Post or experience | Dates from | To | Reason for leaving |
|  |  |  |  |  |

**Health**

Please let us know if you have any health problem which would need a reasonable adjustment to the interview process or to the job. Please give brief details:

**References**

Please give the names and addresses of two referees who can be approached, one of whom should be your present or most recent employer.

1. 2.

Name: Name:

Address: Address:

Email: Email:

Relationship: Relationship:

May we approach the above referees prior to interview? **YES / NO**

### General

Please use this space to provide any further information you may wish to give in support of your application. Give details of all experience and attainments relevant to the duties of the post for which you are applying. Continue on a separate sheet if necessary.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DECLARATIONS | | | | | | | |
| Are you related to, or close friend of any Trustee or Employee of LWCA or SNAPS? | | | | | | | |
|  |  | |  | | |  |  |
| YES |  | NO | |  |  | | |
|  |  | |  | | |  |  |
| If YES please give name (s) and relationship: | | | | | | | |
| Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance?  Please state yes or no ………………  If yes please attach a separate sheet detailing the offence and sentence.  **You do not need to disclose convictions deemed as spent un the Rehabilitation of Offenders Act 1974, or those that are filtered under The Amendments to the Exceptions Order 1975 (2013)**  [www.gov.uk/government/news/disclosure-and-barring-service-filtering](http://www.gov.uk/government/news/disclosure-and-barring-service-filtering) for filtering rules.  [www.gov.uk/government/collections/dbs-filtering-guidance](http://www.gov.uk/government/collections/dbs-filtering-guidance) for guidance and criteria | | | | | | | |
| I understand that an Enhanced DBS check will be carried out and any offer of employment will be subject to satisfactory disclosure information. | | | | | | | |  | NO |  |  |
|  | | | | | | | |
| Have you ever been dismissed from a post because of misconduct or resigned whilst disciplinary action has been taken against you? | | | | | | | |
|  |  | |  | | |  |  |
| YES |  | NO | |  |  | | |
|  |  | |  | | |  |  |
| If so, and you consider it relevant to the post for which you are applying, please give further details on a separate sheet of paper.  I understand that a medical examination may be necessary in connection with this post and that my appointment would be subject to satisfactory medical clearance.  I declare that the information given on this application is to the best of my knowledge true and complete.  Signed............................................................... Date................................................................... | | | | | | | |
|  |  | |  | | |  |  |

### For office use only

|  |  |  |  |
| --- | --- | --- | --- |
| Shortlist: |  | Rejected: |  |
| Interview: |  | Offered: |  |
| Reference 1: |  | Offer Letter: |  |
| Reference 2: |  | Accepted: |  |

### Equal Opportunities Monitoring

This information is being gathered to monitor our Equal Opportunities policy. The data will not be taken into account in assessing information on your application form. The data will be treated in the strictest confidence and will be used for general statistical and monitoring purposes only.

1. Gender Male / Female

2. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

3. I would describe my ethnic origin as:

***Please tick one of the following boxes***

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity** | **Please Tick 🗹** | **Ethnicity** | **Please Tick 🗹** |
| White British |  | Indian |  |
| White Irish |  | Pakistani |  |
| Traveller of Irish Heritage |  | Bangladeshi |  |
| Any other White backgound |  | Any other Asian background |  |
| Gypsy/Roma |  | Caribbean |  |
| White and Black Caribbean |  | African |  |
| White and Black African |  | Any other Black background |  |
| White and Asian |  | Chinese |  |
| Any other Mixed background |  | Any other ethnic group |  |
|  |  | Refuse or prefer not to answer |  |

4. Do you consider yourself disabled? YES / NO. If “YES” please describe:

5. Marital Status

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Single |  |  | Married |  |  | Widowed |  |  |
| Divorced |  |  | Separated |  |  | Living with Partner |  |  |

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